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2008 APR 21 PM 3:25

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

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APR 17 2008

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

WILLIAM JOHN DAUGHTERY,
PLAINTIFF

v.
DENNIS WILSON; ESMERALDA TAGABAN
GRIFFIN; LEMUS

Civil No. 08CV408-WQH-BLM

REQUEST FOR APPOINTMENT OF
COUNSEL UNDER THE CIVIL RIGHTS
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);
DECLARATION IN SUPPORT OF
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- A. my claim is meritorious (that is, I have a good case), and
B. I have made a reasonably diligent effort to obtain counsel, and
C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

 Yes X No

APPLICATION IS BEING MADE PURSUANT 28 USC, SEC. 1915(e)(1) ATTORNEY

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"
5 determination?

6 ☐ Yes ☒ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the
8 Commission's determination? Be specific and support your objections with fact. Do not simply
9 repeat the allegations made in your complaint; the court will review your complaint in considering this
10 request for counsel.

11 THE ABOVE ENTITLED CASE IS A CLAIM UNDER TITLE
12 ~~42~~ USC, SECTION 1983 CIVIL RIGHTS VIOLATION,
13 COMPLAINT ALLEGES FACTS SUFFICIENT TO SURVIVE
14 THE SUA SPONTE SCREENING REQUIRED BY 28 USC § 1915(e)(2)
15 AND 1915A(b). A COPY OF COURT ORDER GRANTING
16 MOTION TO PROCEED IS ENCLOSED IN LIEU OF RIGHT
17 TO SUE LETTER. 28 USC SECTION 1915(e)(1)
18 THE COURT MAY REQUEST AN ATTORNEY TO REPRESENT
19 ANY PERSON UNABLE TO AFFORD COUNSEL.

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28 (Attach additional sheets as needed)

4. Have you talked with any attorney about handling your claim?

☒ Yes ☐ No

If "YES," give the following information about each attorney with whom you talked:

Attorney: MICHAEL R. MARRINAN, 1614 5TH AVE SD, CA. 92101

When: 8-8-07 AND 11-11-07

Where: FROM SAN DIEGO, CALIFORNIA.

How (by telephone, in person, etc.): BY MAIL

Why attorney was not employed to handle your claim: NO RESPONSE
TO INQUIRIES.

Attorney: GRADY & ASSOCIATES, 3517 CAMINO DEL RIO SOUTH #400

When: SAN DIEGO CALIFORNIA 92108, 12-1-07

Where: FROM BLYTHE CALIFORNIA, 92226

How (by telephone, in person, etc.): BY MAIL

Why attorney was not employed to handle your claim:

FIRM DOES NOT HANDLE CASES OF THIS TYPE

Attorney: JEFFERY FREEMAN, 170 LAUREL ST., SAN DIEGO CA. 92101

When: 12-10-07

Where: FROM BLYTHE, CALIFORNIA.

How (by telephone, in person, etc.): BY MAIL

Why attorney was not employed to handle your claim:

FIRM DOES NOT HANDLE CASES OF THIS TYPE

(Attach additional sheets as needed)

5. Explain any other efforts you have made to contact an attorney to handle your claim:

① ATTORNEY REFERRAL SERVICE
501 W. BROADWAY, PLAZA A — NO RESPONSE
SAN DIEGO, CA. 92101 - 3562

② S.D. COUNTY BAR ASSOC.
LAWYER REFERRAL SERVICE — NO AVAILABLE ATTORNEYS
1333 SEVENTH AVE
SAN DIEGO, CA 92101 - 4309

6. Give any other information which supports your application for the court to appoint an

I AM A DISABLED PERSON AS PER ADA.
attorney for you: I AM AN INDIGENT PERSON, PRESENTLY INCARCERATED
IN CHUCKAWALLA VALLEY STATE PRISON AS A RESULT OF THE INCIDENT
THAT I AM SUING FOR. I HAVE NO ACCESS TO MEANS TO INVESTIGATE
OR GATHER EVIDENCE INCLUDING COURT DOCUMENTS AND WITNESSES NOR
ACCESS TO PHONE, INTERNET OR ANY OTHER CONVENIENCES WITH WHICH TO
SUCCESSFULLY PURSUE MY COMPLAINT, WHICH INVOLVE POLICE PERSONNEL
WHICH ARE PROTECTED BY LAWS OF ANONYMITY AND SHIELDING.
I HAVE BEEN ACCEPTED AS INDIGENT BY DISTRICT COURT IN THIS CASE.

7. Give the name and address of each attorney who has represented you in the last 10 years

for any purpose: ① WILFRED RUMBLE, 110 WEST 'C' STREET #1211 S.D. 92101
② MONIQUE CARTER, OFFICE OF PUBLIC DEFENDER 858-974-5781
SAN DIEGO CALIFORNIA 92101
③ KENNETH KAMINSKY, OFFICE OF PUBLIC DEFENDER
SAN DIEGO CALIFORNIA 92101

(Attach additional sheets as needed)

8. I cannot afford to obtain a private attorney. The details of my financial situation are listed below:

A. Employment

Are you employed now? ___ yes ☒ no ___ am self-employed

Name and address of employer:

1 If employed, how much do you earn per month? N/A

2 If not employed, give month and year of last employment: APRIL, 2007

3 How much did you earn per month in your last employment? 1,000⁰⁰/MONTH.

4 If married, is your spouse employed? yes ☒ no

5 If "YES," how much does your spouse earn per month? N/A

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly

7 income? N/A - OVER 50 YRS. OLD.

8

9 B. Assets

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other

12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity

13 payments or other sources? yes ☒ no

14 If "YES," give the amount received and identify the sources:

15	<u>\$ Received</u>	<u>Source</u>
16		
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28 (Attach additional sheets as necessary)

(ii) CashHave you any cash on hand or money in savings or checking accounts? ___ yes ☒ no

If "YES," state total amount: _____

(iii) PropertyDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ___ yes ☒ no

If "YES," give value and describe it:

ValueDescriptionC. Obligations and Debts(i) DependentsYour marital state is: ___ single ___ married ☒ widowed, separated or divorced.Your total number of dependents is : 0

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/RelationshipMonthly Support Payment

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent: _____		
Mortgage		
on Home: _____		
Others: ALLIANCE ONE (COLLECTIONS AGENCY) \$ 1,500 ⁰⁰		

9. Signature

I declare under penalty of perjury that the above is true and correct.

WILLIAM JOHN DAUGHTERY

Dated: 4-14-08

Signature

WILLIAM DAUGHTERY

(Notarization is not required)